DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-05281 (Rev. 11/2016)

Example Application

STATE OF WISCONSIN Wis. Stat. § 69.21

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TYPE or PRINT.

Waukesha County Register of Deeds WISCONSIN MARRIAGE CERTIFICATE APPLICATION (for Mail or In-Person Requests)

PENALTIES: Any person who illegally possesses any vital record with knowledge that the vital record has been illegally obtained is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than 3 years and 6 months, or both, per Wis. Stat. § 69.24(1) CURRENT NAME - First MAIL TO NAME - First (if different) Last APPLICANT INFORMATION YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No Apt. No. ZIP Code City State City ZIP Code 03188 EMAIL ADD TYPE OF CURRENT VALID PHOTO ID PHOTO ID NUMBER STATE OF ISSUANCE EXPIRATION DATE (See item 3 on page 2.) 55416-0000-0000 - 02 Per Wis. Stat. § 69.20(1), a CERTIFIED copy of a marriage certificate is only available to those with a "direct and tangible inte II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE CERTIFICATE CHECK ONE box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the marriage certificate. I am one of the persons named on the marriage certificate. I am a member of the immediate family of one of the persons named on the marriage certificate. Parent ☐ Brother / Sister Maternal Grandparent Paternal Grandparent I am the legal custodian or guardian of one of the persons named on the marriage certificate. I am a representative authorized by any person in categories A - C, including an attorney, Specify the person you represent: E. I can demonstrate the marriage certificate is necessary for the determination or protection of a personal or property right. Specify your interest F. None of the above. I am requesting an uncertified copy. (Copy will not be valid for identity or legal purposes.) NOTE: Grandchildren, stepparents, stepchildren, stepbrothers / stepsisters may only obtain certified copies as categories C - E. PURPOSE FOR WHICH CERTIFICATE IS REQUESTED: FEES First Copy Fee \$ 20.00 20.00 3,00 Additional copies of the same certificate issued at the same time as the first copy X \$ 3.00 Number of Additional Copies FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED. TOTAL Submit your application materials and fee to: Waukesha County Register of Deeds, 515 W Moreland Blvd RM AC110, Waukesha WI 53188 Be sure to include:

completed form,

acceptable identification,

payment,

any additional proof or authorization required and a self addressed, stamped, business-size envelope

Mor Required if you

Make Check or Money Order payable to: Waukesha County Register of Deeds have an appointment GROOM / SPOUSE 1 BIRTH NAME - First BIRTH Last Name IV. MARRIAGE INFORMATION BRIDE / SPOUSE 2 BIRTH NAME - First Middle **BIRTH Last Name** DATE OF MARRIAGE (MM/DD/YYYY) LOCATION OF MARRIAGE - County I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested marriage certificate in accordance with the categories listed above. SIGNATURE (Applicant) Date Signed (MM/DD/YYYY)

Important: Signature and payment are required for processing.